



IDAHO STATE BOARD OF ACCOUNTANCY
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Boise ID 83720-0002
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OFFICE USE ONLY

Seq # _____
Batch # _____
Check # _____
Date _____
Amount _____

MAILING LIST ORDER FORM

INCLUDE YOUR PAYMENT OF \$50.00 WITH THIS ORDER FORM
(PLEASE DO NOT SEND PAYMENTS OF MORE THAN \$50.00)

LABELS ARE **NOT** AVAILABLE

All lists supplied on diskette (3 1/2") or via e-mail as an attached file (Excel format).

LICENSURE

WHICH ACTIVE LICENSEES WOULD YOU LIKE INCLUDED ON YOUR LIST?
(CHECK ALL THAT APPLY)

_____ CERTIFIED PUBLIC ACCOUNTANTS CPA'S
_____ LICENSED PUBLIC ACCOUNTANTS LPA'S

EXAM CANDIDATES

By application date:

From _____ to _____
(month/day/year) (month/day/year)

How would you like to receive your list?

☐ as an attachment to E-Mail Address: _____

Name: _____

Address: _____

City, State, Zip: _____

☐ US Mail: Name: _____

Address: _____

City, State, Zip: _____